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#### GENERAL PROVISIONS

#### § 1601. Congressional findings

The Congress finds the following:

(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States.

(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

(4) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

(5) Despite such services, the unmet health needs of the American Indian people are severe

and the health status of the Indians is far below that of the general population of the United States.

(Pub. L. 94-437, §2, Sept. 30, 1976, 90 Stat. 1400; Pub. L. 102-573, §3(a), Oct. 29, 1992, 106 Stat. 4526; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

#### CODIFICATION

Amendment by Pub. L. 111-148 is based on section 102 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

#### AMENDMENTS

2010—Pub. L. 111-148 redesignated subsecs. (a), (b), (c), and (d) as pars. (1), (3), (4), and (5), respectively, realigned margins, and added par. (2).

1992—Pub. L. 102-573 substituted “finds the following:” for “finds that—” in introductory provisions and struck out last sentence of subsec. (d) which compared death rates of Indians to those of all Americans for tuberculosis, influenza and pneumonia, and compared death rates for infants, subsec. (e) which related to threat to fulfillment of Federal responsibility to Indians posed by low health status of American Indian people, subsec. (f) which enumerated causes imperiling improvements in Indian health, and subsec. (g) which related to confidence of Indian people in Federal Indian health services.

#### SHORT TITLE OF 2010 AMENDMENT

Section 1(a) of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935, provided that: “This Act [probably means S. 1790 as enacted into law by Pub. L. 111-148, enacting subchapter V-A of this chapter, sections 1616p to 1616r, 1621y, 1638a, 1638e to 1638g, 1647 to 1647d, 1660d to 1660h, 1663, 1663a, 1675, 1678, 1678a, 1679, and 1680p to 1680v of this title, amending sections 1601 to 1603, 1615, 1616l, 1621, 1621a, 1621c to 1621f, 1621h, 1621j to 1621m, 1621o to 1621q, 1621t to 1621v, 1631, 1637, 1638b, 1641, 1642, 1644, 1645, 1652, 1659, 1660b, 1661, 1680b, 1680c, 1680l, and 1680o of this title and sections 1395l, 1395qq, 11705, 11706, 11709, and 11711 of Title 42, The Public Health and Welfare, repealing sections 1616p, 1621w, 1638a, 1647, 1660d, 1663, 1675, 1678, 1679, and 1680k of this title, and enacting provisions set out as a note under section 11705 of Title 42] may be cited as the ‘Indian Health Care Improvement Reauthorization and Extension Act of 2009.’”

#### SHORT TITLE OF 2000 AMENDMENT

Pub. L. 106-417, §1, Nov. 1, 2000, 114 Stat. 1812, provided that: “This Act [enacting and amending section 1645 of this title, amending sections 1395qq and 1396j of Title 42, The Public Health and Welfare, and enacting provisions set out as notes under section 1645 of this title] may be cited as the ‘Alaska Native and American Indian Direct Reimbursement Act of 2000.’”

#### SHORT TITLE OF 1996 AMENDMENT

Pub. L. 104-313, §1(a), Oct. 19, 1996, 110 Stat. 3820, provided that: “This Act [amending sections 1603, 1613a, 1621j, 1645, 1665e, 1665j, and 1680k of this title] may be cited as the ‘Indian Health Care Improvement Technical Corrections Act of 1996.’”

#### SHORT TITLE OF 1992 AMENDMENT

Pub. L. 102-573, §1, Oct. 29, 1992, 106 Stat. 4526, provided that: “This Act [see Tables for classification] may be cited as the ‘Indian Health Amendments of 1992.’”

#### SHORT TITLE OF 1990 AMENDMENT

Pub. L. 101-630, title V, §501, Nov. 28, 1990, 104 Stat. 4556, provided that: “This title [enacting sections 1621h,

1637, 1659, and 1660 of this title, amending sections 1653, 1657, and 2474 of this title, and enacting provisions set out as notes under sections 1621h, 1653, and 2415 of this title] may be cited as the ‘Indian Health Care Amendments of 1990.’”

SHORT TITLE OF 1988 AMENDMENT

Pub. L. 100-713, §1, Nov. 23, 1988, 102 Stat. 4784, provided that: “This Act [enacting sections 1616 to 1616j, 1621a to 1621g, 1636, 1651 to 1658, 1661, 1662, and 1680a to 1680j of this title and sections 254s and 295j of Title 42, The Public Health and Welfare, amending sections 1603, 1612 to 1613a, 1614, 1615, 1621, 1631, 1632, 1634, 1674, 1676, and 1678 to 1680 of this title and section 5316 of Title 5, Government Organization and Employees, repealing section 1635 of this title and section 254r of Title 42, enacting provisions set out as notes under this section and sections 1611, 1621b, 1661, and 1677 of this title and sections 254r, 1395qq, and 1396j of Title 42, amending provisions set out as a note under section 1396j of Title 42, and repealing provisions set out as a note under section 1396j of Title 42] may be cited as the ‘Indian Health Care Amendments of 1988.’”

SHORT TITLE OF 1980 AMENDMENT

Pub. L. 96-537, §1(a), Dec. 17, 1980, 94 Stat. 3173, provided that: “this Act [enacting sections 1622, 1634, and 1676 to 1680 of this title, amending sections 1603, 1612 to 1614, 1621, 1651 to 1657, and 1674 of this title and section 294y-1 of Title 42, The Public Health and Welfare, and repealing section 1658 of this title] may be cited as the ‘Indian Health Care Amendments of 1980.’”

SHORT TITLE

Pub. L. 94-437, §1, Sept. 30, 1976, 90 Stat. 1400, provided: “That this Act [enacting this chapter and sections 1395qq and 1396j of Title 42, The Public Health and Welfare, amending sections 234, 1395f, 1395n, and 1396d of Title 42, and enacting provisions set out as notes under section 1671 of this title and sections 1395qq and 1396j of Title 42] may be cited as the ‘Indian Health Care Improvement Act.’”

SEPARABILITY

Pub. L. 100-713, title VIII, §801, Nov. 23, 1988, 102 Stat. 4839, provided that: “If any provision of this Act, any amendment made by this Act [see Short Title of 1988 Amendment note above], or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provision or amendment to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.”

AVAILABILITY OF APPROPRIATIONS

Pub. L. 100-713, §4, Nov. 23, 1988, 102 Stat. 4785, provided that: “Any new spending authority (described in subsection (c)(2)(A) or (B) of section 401 of the Congressional Budget Act of 1974 [2 U.S.C. 651(c)(2)(A), (B)]) which is provided under this Act [see Short Title of 1988 Amendment note above] shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.”

**§ 1602. Declaration of national Indian health policy**

Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians—

- (1) to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy;
- (2) to raise the health status of Indians and urban Indians to at least the levels set forth in the goals contained within the Healthy People 2010 initiative or successor objectives;

(3) to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;

(4) to increase the proportion of all degrees in the health professions and allied and associated health professions awarded to Indians so that the proportion of Indian health professionals in each Service area is raised to at least the level of that of the general population;

(5) to require that all actions under this chapter shall be carried out with active and meaningful consultation with Indian tribes and tribal organizations, and conference with urban Indian organizations, to implement this chapter and the national policy of Indian self-determination;

(6) to ensure that the United States and Indian tribes work in a government-to-government relationship to ensure quality health care for all tribal members; and

(7) to provide funding for programs and facilities operated by Indian tribes and tribal organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.

(Pub. L. 94-437, §3, Sept. 30, 1976, 90 Stat. 1401; Pub. L. 102-573, §3(b), Oct. 29, 1992, 106 Stat. 4526; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in par. (5), was in the original “this Act”, meaning Pub. L. 94-437, Sept. 30, 1976, 90 Stat. 1400, known as the Indian Health Care Improvement Act, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of this title and Tables.

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 103 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to declaration of health objectives.

1992—Pub. L. 102-573 amended section generally. Prior to amendment, section read as follows: “The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy.”

**§ 1603. Definitions**

In this chapter:

**(1) Area office**

The term “Area office” means an administrative entity including a program office, within the Indian Health Service through which services and funds are provided to the service units within a defined geographic area.

**(2) Behavioral health****(A) In general**

The term “behavioral health” means the blending of substance (alcohol, drugs, inhalants, and tobacco) abuse and mental health disorders prevention and treatment for the purpose of providing comprehensive services.

**(B) Inclusions**

The term “behavioral health” includes the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.

**(3) California Indian**

The term “California Indian” means any Indian who is eligible for health services provided by the Service pursuant to section 1679 of this title.

**(4) Community college**

The term “community college” means—

- (A) a tribal college or university; or
- (B) a junior or community college.

**(5) Contract health service**

The term “contract health service” means any health service that is—

- (A) delivered based on a referral by, or at the expense of, an Indian health program; and
- (B) provided by a public or private medical provider or hospital that is not a provider or hospital of the Indian health program.

**(6) Department**

The term “Department”, unless otherwise designated, means the Department of Health and Human Services.

**(7) Disease prevention****(A) In general**

The term “disease prevention” means any activity for—

- (i) the reduction, limitation, and prevention of—
  - (I) disease; and
  - (II) complications of disease; and
- (ii) the reduction of consequences of disease.

**(B) Inclusions**

The term “disease prevention” includes an activity for—

- (i) controlling—
  - (I) the development of diabetes;
  - (II) high blood pressure;
  - (III) infectious agents;
  - (IV) injuries;
  - (V) occupational hazards and disabilities;
  - (VI) sexually transmittable diseases;
- or
- (VII) toxic agents; or
- (ii) providing—
  - (I) fluoridation of water; or
  - (II) immunizations.

**(8) FAE**

The term “FAE” means fetal alcohol effect.

**(9) FAS**

The term “fetal alcohol syndrome” or “FAS” means a syndrome in which, with a

history of maternal alcohol consumption during pregnancy, the following criteria are met:

(A) Central nervous system involvement such as mental retardation, developmental delay, intellectual deficit, microencephaly, or neurologic abnormalities.

(B) Craniofacial abnormalities with at least 2 of the following: microphthalmia, short palpebral fissures, poorly developed philtrum, thin upper lip, flat nasal bridge, and short upturned nose.

(C) Prenatal or postnatal growth delay.

**(10) Health profession**

The term “Health profession” means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

**(11) Health promotion**

The term “health promotion” means any activity for—

(A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness regarding health matters and enabling individuals to cope with health problems by increasing knowledge and providing valid information;

(B) encouraging adequate and appropriate diet, exercise, and sleep;

(C) promoting education and work in accordance with physical and mental capacity;

(D) making available safe water and sanitary facilities;

(E) improving the physical, economic, cultural, psychological, and social environment;

(F) promoting culturally competent care; and

(G) providing adequate and appropriate programs, including programs for—

(i) abuse prevention (mental and physical);

(ii) community health;

(iii) community safety;

(iv) consumer health education;

(v) diet and nutrition;

(vi) immunization and other methods of prevention of communicable diseases, including HIV/AIDS;

(vii) environmental health;

(viii) exercise and physical fitness;

(ix) avoidance of fetal alcohol spectrum disorders;

(x) first aid and CPR education;

(xi) human growth and development;

(xii) injury prevention and personal safety;

(xiii) behavioral health;

(xiv) monitoring of disease indicators between health care provider visits through appropriate means, including Internet-based health care management systems;

(xv) personal health and wellness practices;

(xvi) personal capacity building;  
 (xvii) prenatal, pregnancy, and infant care;  
 (xviii) psychological well-being;  
 (xix) reproductive health and family planning;  
 (xx) safe and adequate water;  
 (xxi) healthy work environments;  
 (xxii) elimination, reduction, and prevention of contaminants that create unhealthy household conditions (including mold and other allergens);  
 (xxiii) stress control;  
 (xxiv) substance abuse;  
 (xxv) sanitary facilities;  
 (xxvi) sudden infant death syndrome prevention;  
 (xxvii) tobacco use cessation and reduction;  
 (xxviii) violence prevention; and  
 (xxix) such other activities identified by the Service, a tribal health program, or an urban Indian organization to promote achievement of any of the objectives referred to in section 1602(2) of this title.

**(12) Indian health program**

The term “Indian health program” means—

- (A) any health program administered directly by the Service;
- (B) any tribal health program; and
- (C) any Indian tribe or tribal organization to which the Secretary provides funding pursuant to section 47 of this title.

**(13) Indians or Indian**

The term “Indians” or “Indian”, unless otherwise designated, means any person who is a member of an Indian tribe, as defined in subsection (d) hereof,<sup>1</sup> except that, for the purpose of sections 1612 and 1613 of this title, such terms shall mean any individual who<sup>2</sup>

(A),<sup>3</sup> irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or

(B) is an Eskimo or Aleut or other Alaska Native, or

(C) is considered by the Secretary of the Interior to be an Indian for any purpose, or

(D) is determined to be an Indian under regulations promulgated by the Secretary.

**(14) Indian tribe**

The term “Indian tribe” means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

<sup>1</sup> See References in Text note below.

<sup>2</sup> So in original. Probably should be followed by a dash.

<sup>3</sup> So in original. The comma probably should not appear.

**(15) Junior or community college**

The term “junior or community college” has the meaning given the term in section 1058(e)<sup>1</sup> of title 20.

**(16) Reservation**

**(A) In general**

The term “reservation” means a reservation, Pueblo, or colony of any Indian tribe.

**(B) Inclusions**

The term “reservation” includes—

- (i) former reservations in Oklahoma;
- (ii) Indian allotments; and
- (iii) Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).

**(17) Secretary**

The term “Secretary”, unless otherwise designated, means the Secretary of Health and Human Services.

**(18) Service**

The term “Service” means the Indian Health Service.

**(19) Service area**

The term “Service area” means the geographical area served by each area office.

**(20) Service unit**

The term “Service unit” means an administrative entity of the Service or a tribal health program through which services are provided, directly or by contract, to eligible Indians within a defined geographic area.

**(21) Substance abuse**

The term “Substance abuse” includes inhalant abuse.

**(22) Telehealth**

The term “telehealth” has the meaning given the term in section 254c-16(a) of title 42.

**(23) Telemedicine**

The term “telemedicine” means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.

**(24) Tribal college or university**

The term “tribal college or university” has the meaning given the term in section 1059c(b) of title 20.

**(25) Tribal health program**

The term “tribal health program” means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

**(26) Tribal organization**

The term “tribal organization” has the meaning given the term in section 4 of the In-

dian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

**(27) Urban center**

The term “Urban center” means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under subchapter IV, as determined by the Secretary.

**(28) Urban Indian**

The term “Urban Indian” means any individual who resides in an urban center, as defined in subsection (g) hereof,<sup>1</sup> and who meets one or more of the four criteria in subsection (c)(1) through (4) of this section.<sup>1</sup>

**(29) Urban Indian organization**

The term “Urban Indian organization” means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of this title.

(Pub. L. 94-437, §4, Sept. 30, 1976, 90 Stat. 1401; Pub. L. 96-537, §2, Dec. 17, 1980, 94 Stat. 3173; Pub. L. 100-713, title II, §§201(b), 203(b), title V, §502, Nov. 23, 1988, 102 Stat. 4803, 4804, 4824; Pub. L. 102-573, §3(c), title IX, §902(1), Oct. 29, 1992, 106 Stat. 4529, 4591; Pub. L. 104-313, §2(a), Oct. 19, 1996, 110 Stat. 3820; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

This chapter, referred to in text, was in the original “this Act”, meaning Pub. L. 94-437, Sept. 30, 1976, 90 Stat. 1400, known as the Indian Health Care Improvement Act, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of this title and Tables.

Subsection (d) hereof, referred to in par. (13), was redesignated par. (14) of this section by section 10221(a) of Pub. L. 111-148.

The Alaska Native Claims Settlement Act, referred to in pars. (14) and (16)(B)(iii), is Pub. L. 92-203, Dec. 18, 1971, 85 Stat. 688, which is classified generally to chapter 33 (§1601 et seq.) of Title 43, Public Lands. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 43, and Tables.

Section 1058(e) of title 20, referred to in par. (15), probably means section 1058(f) of title 20, which defines “junior or community college”. Section 1058(e) of title 20 was redesignated section 1058(f) of title 20 by Pub. L. 105-244, title III, §303(b)(1), Oct. 7, 1998, 112 Stat. 1639.

The Indian Self-Determination and Education Assistance Act, referred to in par. (25), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to subchapter II (§450 et seq.) of chapter 14 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables.

Subsection (g) hereof, referred to in par. (28), was redesignated par. (27) of this section by section 10221(a) of Pub. L. 111-148.

Subsection (c)(1) through (4) of this section, referred to in par. (28), was redesignated par. (13)(A) to (D) of this section by section 10221(a) of Pub. L. 111-148.

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 104 of title I of S. 1790, One Hundred Eleventh Congress, as

reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

AMENDMENTS

2010—Pub. L. 111-148 substituted “In this chapter:” for “For purposes of this chapter—” in introductory provisions, redesignated pars. in subssecs. (c), (j), (k), and (l) as subpars. and realigned margins, redesignated subssecs. (a) to (q) as pars. (17), (18), (13), (14), (26), (28), (27), (29), (1), (20), (11), (7), (19), (10), (21), (8), and (9), respectively, and realigned margins, struck out former pars. (7), (9), (11), (20), and (26), as so redesignated, added pars. (2) to (7), (9), (11), (12), (15), (16), (20), and (22) to (26), arranged pars. in numerical order, and inserted heading and “The term” after each par. designation. Prior to amendment, pars. (7), (9), (11), (20), and (26), as so redesignated, defined disease prevention, FAS, health promotion, service unit, and tribal organization, respectively. Amendment directing redesignation of pars. contained in subsec. (c) as subpars. was executed by redesignating pars. (1) to (4) as subpars. (A) to (D), respectively, as the probable intent of Congress. Amendment directing the striking of paragraph “(12) (as redesignated by paragraph (3))” could not be executed because there was no par. (12) redesignated by par. (3).

1996—Subsec. (n). Pub. L. 104-313 inserted “allopathic medicine,” before “family medicine” and substituted “an allied health profession, or any other health profession” for “and allied health professions”.

1992—Subsec. (c). Pub. L. 102-573, §902(1), substituted “sections 1612 and 1613 of this title” for “sections 1612, 1613, and 1621(c)(5) of this title”.

Subsecs. (m) to (q). Pub. L. 102-573, §3(c), added subssecs. (m) to (q).

1988—Subsec. (h). Pub. L. 100-713, §502, inserted “urban” after “governed by an”.

Subsec. (i). Pub. L. 100-713, §201(b), added subsec. (i) and struck out former subsec. (i) which defined “rural Indian”.

Subsec. (j). Pub. L. 100-713, §201(b), added subsec. (j) and struck out former subsec. (j) which defined “rural community”.

Subsec. (k). Pub. L. 100-713, §§201(b), 203(b), added subsec. (k) and struck out former subsec. (k) which defined “urban Indian organization”.

Subsec. (l). Pub. L. 100-713, §203(b), added subsec. (l).

1980—Subsec. (a). Pub. L. 96-537, §2(a), substituted “Secretary of Health and Human Services” for “Secretary of Health, Education, and Welfare”.

Subsec. (h). Pub. L. 96-537, §2(b), substituted “governed by an Indian controlled board of directors” for “composed of urban Indians”.

Subsecs. (i) to (k). Pub. L. 96-537, §2(c), added subssecs. (i) to (k).

SUBCHAPTER I—INDIAN HEALTH  
PROFESSIONAL PERSONNEL

**§ 1611. Congressional statement of purpose**

The purpose of this subchapter is to increase the number of Indians entering the health professions and to assure an adequate supply of health professionals to the Service, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of health care to Indian people.

(Pub. L. 94-437, title I, §101, Sept. 30, 1976, 90 Stat. 1402; Pub. L. 102-573, title I, §101, Oct. 29, 1992, 106 Stat. 4530.)

AMENDMENTS

1992—Pub. L. 102-573 amended section generally. Prior to amendment, section read as follows: “The purpose of this subchapter is to augment the inadequate number of health professionals serving Indians and remove the